

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address			Additional Information		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Allergen Profile, Vegetable I		Tests Ordered
-------------------------------	--	---------------

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

Allergen Profile, Vegetable I					
Class Description					
Levels of Specific IgE	Class	Description of Class			01
< 0.10	0	Negative			
0.10 - 0.31	0/I	Equivocal/Low			
0.32 - 0.55	I	Low			
0.56 - 1.40	II	Moderate			
1.41 - 3.90	III	High			
3.91 - 19.00	IV	Very High			
19.01 - 100.00	V	Very High			
>100.00	VI	Very High			
F214-IgE Spinach	<0.10	kU/L	Class 0		01
*F291-IgE Cauliflower	<0.10	kU/L	Class 0		01
F085-IgE Celery	<0.10	kU/L	Class 0		01
F215-IgE Lettuce	<0.10	kU/L	Class 0		01
F260-IgE Broccoli	<0.10	kU/L	Class 0		01
F216-IgE Cabbage	<0.10	kU/L	Class 0		01
F244-IgE Cucumber	<0.10	kU/L	Class 0		01

* Tests with asterisk (*) were developed and had performance characteristics determined by LabCorp. These tests have not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. These tests should not be regarded as investigational or for research.

--

--	--	--